

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		(1)				
5		2				
6		(1)				
7	1					
8	1					
9	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	8	↔	↔	↔	↔	
TOTAL CLAIMS	12	████	████	████	████	

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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TOTAL IND.	4	↔	↔	↔	↔							
TOTAL DEP.	8	↔	↔	↔	↔							
TOTAL CLAIMS	12	████	████	████	████							